

MEMORANDUM

Agenda Item No. 11(A)(16)

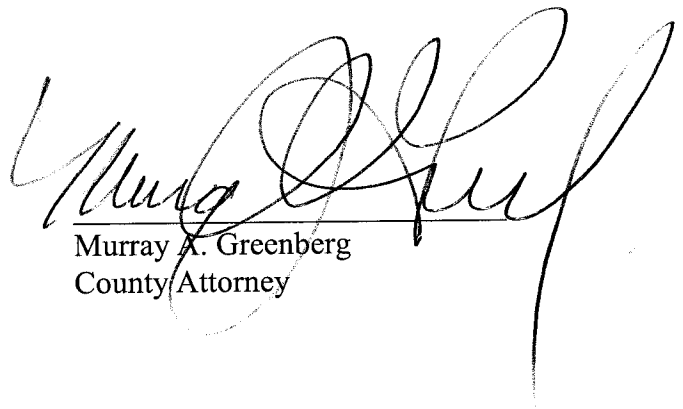
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: October 18, 2005

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the South Miami Heights
Baptist Church's Community
Youth and Family Health
Awareness Festival

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Dennis C. Moss.



Murray A. Greenberg
County Attorney

MAG/jls



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: October 18, 2005

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(16)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(16)
10-18-05

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING A PROVISION
OF IN-KIND PARK AND RECREATION DEPARTMENT
SERVICES FOR THE JULY 16, 2005 SOUTH MIAMI HEIGHTS
BAPTIST CHURCH'S COMMUNITY YOUTH AND FAMILY
HEALTH AWARENESS FESTIVAL IN AN AMOUNT NOT TO
EXCEED \$716.00 TO BE FUNDED FROM THE DISTRICT 9 IN-
KIND RESERVE FUND

WHEREAS, South Miami Heights Baptist Church has requested in-kind services from the Miami-Dade County Park and Recreation Department for its July 16, 2005 Community Youth and Family Health Awareness Festival in an amount not to exceed \$716.00 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Community Youth and Family Health Awareness Festival is a district event, as that term is defined in the attached Fee Waiver/In-Kind Service Application, and the in-kind services will be funded from the District 9 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that the Board retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department for the July 16, 2005 South Miami Heights Baptist Church's Community Youth and Family Health Awareness Festival in an amount not to exceed \$716.00 to be funded from the District 9 In-Kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Dennis C. Moss and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman
Dennis C. Moss, Vice-Chairman

Bruno A. Barreiro
Jose "Pepe" Diaz
Sally A. Heyman
Dorrin D. Rolle
Katy Sorenson
Sen. Javier D. Souto

Dr. Barbara Carey-Shuler
Carlos A. Gimenez
Barbara J. Jordan
Natacha Seijas
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 18th day of October, 2005. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF COUNTY
COMMISSIONERS

HARVEY RUVIN, CLERK

Approved by County Attorney as
to form and legal sufficiency.

DDC

By: _____
Deputy Clerk

Diamela Del Castillo

FROM: Archibald's Office

FAX NO.: 13052355968

Jul. 12 2005 05:42PM P2

JUL-05-2005 16:25 FROM: COMMISSIONER MOSS

993053726011

TO: 13052355968

P.2/3

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

Please complete the following form in its entirety and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2838
Fax: (305) 375-3988

*Requests will not be considered without completion of this application

Type of Event/Application (select one of the following):

- ☒ District Event - Request for fee waiver/in-kind services will require Commission sponsor (Complete questions 1-7, sign, date and submit prior to event)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date)

1. Full legal name of the requesting organization: South Miami Heights Baptist Church

2. Corporate Status: Select one of the choices below (For-profit entities are not eligible):

- ☒ Not-For-Profit or Tax Exempt (attach proof)
- ☐ Local Government or Public Entity
- ☐ Other (specify):

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc):
Rev. Henson Archibald - 11295 Quail Road Dr. - Phone: 305-235-5768 (Home)
Beverly Green - 786-443-7195

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Community Health Festival

5. Name, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Community Health Festival - e.g. glucose / blood pressure screening, Lung Cancer Screening, Skin Cancer, Abuse information, Youth Smoking Prevention Workshops, Information on STD's, Dent Service, Medical Aid, Services, First Aid/CPR, etc

6. Please select ALL that apply to event

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venue (please specify Commission District(s)): 11295 Quail Road Drive
Miami FL 33157

FROM: Archibald's Office FAX NO.: 13052355968 Jul. 12 2005 05:44PM P1
JUL-05-2005 16:26 FROM: COMMISSIONER MOSS 993053726011 TO: 13052355968 P.3/3

8. Description of regional or local impact: To Provide Youth + Families with free health information and resources
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Saturday, July 16, 2005 - From 8:30 AM - 4:00 PM.
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):
Event will be held at the Faculty of Sport, Mount Allison University, located on the northern corner of Pearl Road Drive and the Turnpike.
11. Expected number of participants and estimated attendance (per day, if applicable):
About 1000 people depending on response from the community.
12. Itemized budget, including total event budget, total host budget and total commitment of resources (attach additional pages as needed):

I hereby certify that all the statements made in this application are true and correct.

Thomas Archibald
Signature of Authorized Representative

July 6, 2005
Date

BUDGET

| | | |
|-------------|---|----------------|
| Food | - | 750.00 |
| ADHIN | - | 400.00 |
| PAPER PRODS | - | 100.00 |
| ACTIVITIES | - | 250.00 |
| | | <u>1500.00</u> |

**MIAMI-DADE PARKS & RECREATION DEPT.
SHOWMOBILE, STAGES, BLEACHERS, SOUND & PRODUCTION
305-257-0933 Ext: 240/305-257-1083 (F)**

EQUIPMENT CONFIRMATION FORM

ORGANIZATION/AGENCY: Office of Commissioner Dennis C. Moss, Vice-Chairman

EQUIPMENT REQUESTED: Stage 24/40

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Dennis C. Moss

BILLING ADDRESS/ ZIP CODE: 111 N.W. 1st Street, Suite 320, 33128

NAME/TITLE OF THE EVENT: Community Youth and Family
Health Awareness Festival

ADDRESS OF EVENT: 11295 Quail Roost Drive.

TODAY'S DATE: 7/5/05 DATE (S) OF EVENT: 7/14/05

SET-UP TIME & DAY: 7/14/05 @ 8:30 AM

TAKE-DOWN & DAY: 7/14/05 @ 3:00 PM

CONTACT PERSON/PHONE: Rev. Henson Archibald 786-280-3673

AT SITE CONTACT/CELL PHONE #: Beverly Green, 786-443-7195
Ruth Archibald 786-280-6311

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

Please contact the person listed above as the contact person for special instructions.

OTHER INFORMATION: Include additional equipment if needed.

Please see attached request letter.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (5) five working days before the event.

*Fee _____ Signature _____
*(SEE FEE SCHEDULE FOR EXACT CHARGES) _____ Agency/Group

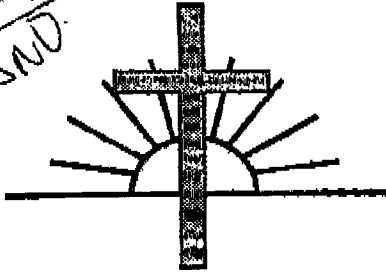
**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED
½ (HALF) OF RENTAL FEE.**

*There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

TUE, 21.2005 1:15PM

NO.750

P.1

WGB
AND

South Miami Heights Baptist Church

11295 Quail Roost Drive • Miami, Florida 33157-6542

Rev. Henson Archibald, Pastor • Ph. (305) 232-2050

June 20, 2005

Commissioner Dennis Moss
10710 SW 211 Street, Suite 206
Miami, Florida 33189

Dear Commissioner Moss,

On July 16, 2005, Community Health of South Dade, Inc. (CHI), Ebenezer Community Church and South Miami Heights Baptist Church are jointly sponsoring a Community Youth and Family Health Awareness Festival. It will be held at the facility of South Miami Heights Baptist Church at 11295 Quail Roost Drive, and will run from 10.00 AM - 3.00 PM. Health providers will be there to conduct workshops/seminars, and present invaluable information on various health issues that plague the community. This we hope will open the door to a greater health awareness in the community and provide resources to the people into which they can tap for assistance regarding health issues.

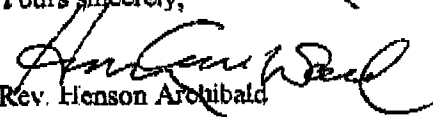
To achieve the success we are anticipating, we are kindly requesting some assistance from your office in the form of the following items: a portable stage, some funds to help provide refreshments, and some school supplies such as bookbags, notebooks, pens, pencils, etc. which we can give to the kids in preparation for the new school year. Any help will be deeply appreciated.

Also, for advertisement purposes, we also request your permission to use your name as one of the sponsors or supporters of the event.

Although time is short, with a united and concerted effort, it will be a success. Someone has wisely said, "*There is no failure except in no longer trying.*" We will therefore try and experience the success that comes from trying.

If you have any questions or need more information, please do not hesitate to contact me. Thank you and best wishes to you and your office staff.

Yours sincerely,


Rev. Henson Archibald

October 18, 2005

Memorandum

MIAMI-DADE
COUNTY

Date:

To:

Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From:

George M. Burgess
County Manager

Subject:

District Specific In-Kind Reserve Request Recommendation

The Office of Strategic Business Management has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The district specific in-kind reserve balance allows for the funding of this request.

Background

A retroactive in-kind services waiver is being requested by a not-for-profit organization South Miami Heights Baptist Church for their Community Health Festival held on July 16, 2005.

In-kind services have been requested in the amount of \$716 from the Park and Recreation Department for use of the stage. This event will be funded from District 9's district specific in-kind reserve.

In FY 2004-05 the South Miami Heights Baptist Church Conference has not received any County funding.

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